

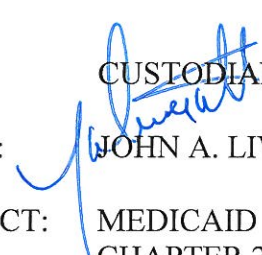
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MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

July 8, 2008

MEMORANDUM

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM:  JOHN A. LIVERATTI, CHIEF, COMPLIANCE

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 2300 – HOME AND COMMUNITY BASED WAIVER
(HCBW)

BACKGROUND AND EXPLANATIONS

Nevada's request to renew the Waiver for Independent Nevadans (WIN) has been approved by the Centers for Medicare and Medicaid Services (CMS) effective January 1, 2008. The following are changes to MSM Chapter 2300 as a result of this renewal:

Implement the process of opening case management as a direct service to any qualified and enrolled provider.

Delete dental, transportation and independent living services due to zero or very little demand, duplication of service, and the failure of these services to be critical to avoidance of institutional placements.

Eliminate the requirement for case managers to prepare a cost projection form for every potential waiver recipient and submit the form to the Central Office Waiver Unit. District Office Waiver supervisors will have authority to implement procedures to ensure the overall cost effectiveness of waiver services. Administrative oversight of cost effectiveness will occur during the annual program review and upon a district office request for central office assistance. Due to the deletion and additions of sections in the chapter, sections have been renumbered. Other changes included are minimal. Changes are effective upon approval of the public hearing.

MATERIAL TRANSMITTED

MTL 14/08

CHAPTER 2300 - HCBW

Sec. 2302.12

Sec. 2302.13

Added "or"

MATERIAL SUPERSEDED

MTL 12/03

CHAPTER 2300 - HCBW

Deleted "Independent Living Services"
and definition

Deleted comma
Deleted "or Transportation"

Sec. 2302.13 through Sec. 2302.22
Renumbered sections

Sec. 2303.1A 6a.1
Added “with oversight”

Deleted “and authorized”

Sec. 2303.1A 6a.3
Added “of Welfare and Supportive
Services (DWSS)”

Deleted “Welfare”

Sec. 2303.2A.6

Deleted “Extended Transportation”

Sec. 2303.2A.9

Deleted “Independent Living Services”

Sec. 2303.2A.12

Deleted “Extended Dental, and”

Sec. 2303.2B3

Removed “Transportation”

Sec. 2303.3
Added “Administrative” to Case
Management” title and definition

Sec. 2303.3A
Added “Administrative”

Sec. 2303.3A1
Added “intake referral”

Deleted “evaluation and/or re-evaluation
of level of care every 12 months, as
needed or as requested by the recipient”

Sec. 2303.3A2
Added “facilitating Medicaid eligibility
which may include assistance with the
MAABD application, obtaining
documents such as medical records
required for disability/incapacity
determination”

Deleted “assessment and/or reassessment
of the need for waiver services every 12
months, as needed or as requested by the
recipient”

Sec. 2303.3A3
Added “preliminary assessments,
evaluations and completion of forms
required for service eligibility”

Deleted “development and/or review in
conjunction with the recipient, of the
client care plan every 12 months, as
needed or as requested by the recipient”

Sec. 2303.3A4
Added “issuance of Notice of Actions (by
private case management staff)/Notices of
decisions (by public agency staff) to deny
a waiver application”

Deleted “communication of the client care
plan to all affected providers (may be
done on the PAR)”

Sec. 2303.3A5
Added “coordination of care and services

Deleted “conduct the Functional

to collaborate in discharge planning to transition applicant/recipients from facilities”

Assessment (FA) and Service Plan on behalf of those recipients who have identified attendant care needs pursuant to MSM Chapter 3500”

Sec. 2303.3A6

Added “documentation for case files prior to recipient eligibility”

Deleted “if medically necessary, the case manager is then responsible for implementation of services and continued authorization of services pursuant to MSM Chapter 3500”

Sec. 2303.3A7

Added “case closure activities upon termination of service eligibility”

Deleted “coordination of multiple services and/or providers”

Sec. 2303.3A8

Deleted “Complete a prior authorization for all waiver and PCA services”

Sec. 2303.3A9

Added “outreach activities to educate recipients or potential recipients on how to enter into care through a Medicaid Program”

Deleted “identifying resources to meet the recipient’s needs”

Sec. 2303.3A10

Deleted “locating and assisting to develop resources in the community to meet the identified unmet needs”

Sec. 2303.3A11

Deleted “monitoring and documenting the quality of care through monthly contact;”

Sec. 2303.3A12

Deleted “determination of cost effectiveness of waiver services for an individual;”

Sec. 2303.3A13

Deleted “preparing and reviewing necessary billing for Medicaid payments and authorizing payment for waiver services;”

Sec. 2303.3A14

Deleted “monitoring the overall provision of waiver services, in an effort to protect the safety and health of the recipient;”

Sec. 2303.3A15

Deleted “Making certain that the recipient retains freedom of choice in the provision of services;”

Sec. 2303.3A16

Deleted “Notifying all affected providers of changes in the recipient’s medical status, service needs, address, and

	location, or of changes of the status of legally responsible adults or authorized representative;”
Sec. 2303.3A17	Deleted “Notifying all affected providers of any unusual occurrence or changed in status of a waiver recipient;”
Sec. 2303.3A18	Delete “Notifying all affected providers of any recipient complaints regarding delivery of service or specific provider staff;”
Sec. 2303.3A19	Deleted “Notifying all affected providers if a recipient requests a change in the provider staff or provider agency.”
Sec.2303.3D Added “Direct Services Case Management” and definition	
Sec. 2303.3D Added “Direct Service Case Management” and definition	
Sec. 2303.3E Added “Coverage and Limitations” and definition	
Sec. 2303.3F Added “Provider Responsibilities” and definitions	
Sec. 2303.8	Deleted “Extended Transportation”
Sec.2303.8A	Deleted “Coverage and Limitations” and definition
Sec. 2303.8B	Deleted “Provider Responsibilities” and definition
Sec. 2303.8A Through Sec. 2303.11 Renumbered Section	
Sec. 2303.12	Deleted “Independent Living Services”
Sec. 2303.12A	Deleted “Coverage and Limitations” and definition
Sec. 2303.12B	Deleted “Provider Responsibilities” and definition

Sec. 2303.13
Renumbered section

Sec. 2303.14

Deleted "Extended Dental Services"

Sec. 2303.14A

Deleted "Coverage and Limitations" and definition

Sec. 2303.14B

Deleted "Provider Responsibilities" and definition

Sec. 2303.17A

Deleted "Dental claims may be submitted on the American Dental Association form."

Sec. 2303.18
Added "DIRECT SERVICES" to title

Sec. 2303.18a.1
Added "direct services"

Sec. 2303.18a.2
Added "direct services"

Sec. 2303.18b.1
Added "The direct services case manager will provide the administrative case manager with the appropriate reassessment paperwork. The administrative case manager is responsible for all eligibility determinations"